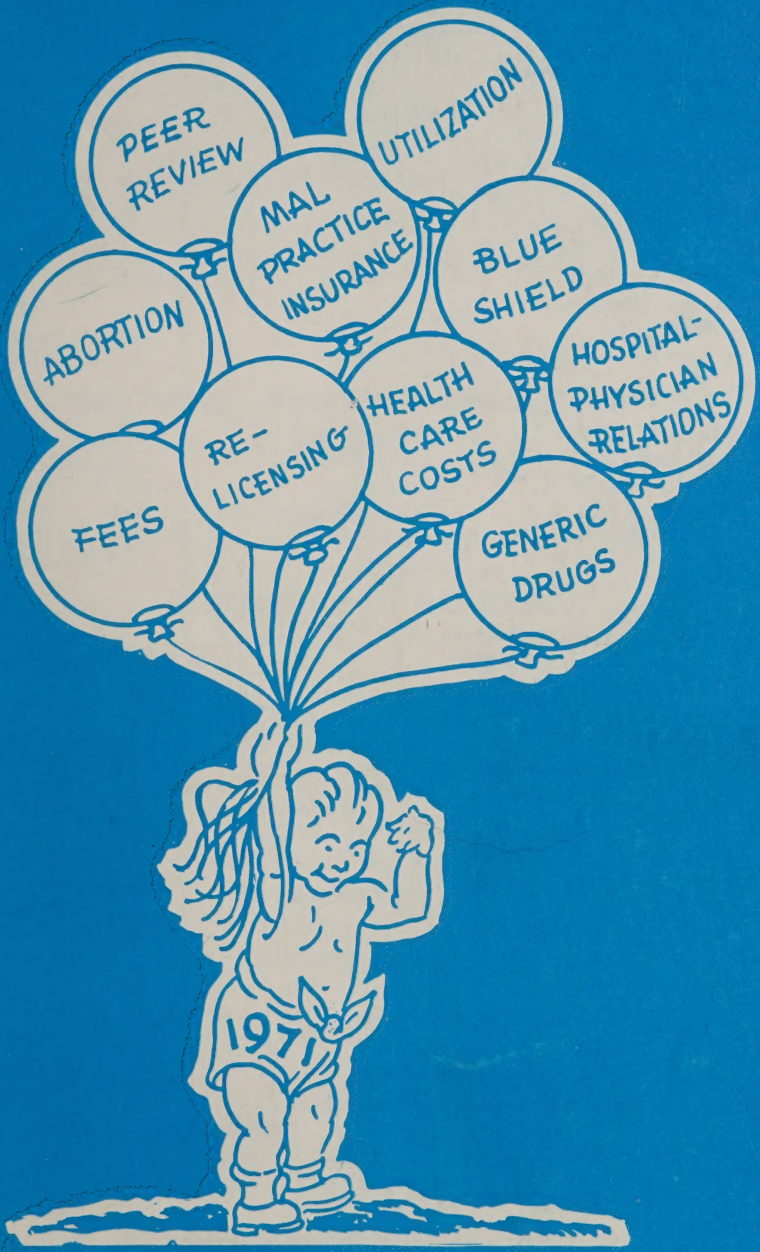

The Hampden Hippocrat

JANUARY, 1971

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A bulletin for
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The Massachusetts
Medical Society

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Editorial . . .

AMERI-WHAT?

The public release of the report of the American Hospital Association's Special Committee on the Provision of Health Services the week prior to the meeting of the AMA's House of Delegates in Boston along with endorsement "in general" of the goals and concepts contained therein by the AHA's Board of Trustees at the time of the Clinical Convention not only stole the spotlight from the AMA's deliberations, but also pointed up the fact that the initiative in planning for delivery and financing of health services is being and, perhaps indeed, has been taken away from organized medicine. To say that there was consternation in Boston is to put it gently; however, restraint was manifested in a resolution adopted calling for a careful study and analysis of the proposals contained in the AHA's so-called AMERIPLAN.

CONCEPTION

The report basically calls for "a substantial restructuring of the existing health care delivery system," including not only the methods of delivering but also financing health services. The birth of this brain child was instigated by the AHA's Board of Trustees in August of 1969 following a staff report and discussion on the implementation of the statement on financial requirements of health care institutions and services as approved by the AHA's House of Delegates earlier that year. In the said statement, along with numerous policies, there was embodied the following principle: "The community must provide for proper financing of its health care system and that health care system must accept on its part, the community's right to insist on proper planning within that system." To bring life to this principle, the AHA's Board of Trustees created the Special Committee on the Provision of Health Services consisting of 15 members: 3 practicing physicians, 7 hospital or hospital system administrators, 2 attorneys, 1 clergyman, and 2 hospital trustees. One of the latter, Mr. Earl Perloff, a hospital trustee from Philadelphia, was named chairman. After a little more than a year of study and consultation with leaders in medicine, health insurance, group practice, organized labor, law, and education, voila – AMERIPLAN.

PROGENY

The "one basic, irreducible principle" of the report is that "health care is an inherent right of each individual and of all the people of the United States." Moreover, it "can be best and most rapidly implemented through a new nationwide system for the delivery of health services, to be known as AMERIPLAN to symbolize the uniting

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of all the health resources of the United States for better care." The basic innovation of AMERIPLAN is an organization called the Health Care Corporation (HCC), which would be responsible for the delivery of comprehensive health care to a defined population group. It is envisioned that federal legislation would be enacted whereby a National Health Commission would be established to adopt regulations creating uniform benefit packages and defining the scope, standards of quality, and comprehensiveness of health services. In turn, these federal regulations would be administered at the state level by State Health Commissions who would oversee the activities of the HCC, the providers of care at the local level.

SINE QUA NON

The HCC is envisioned as having the following characteristics:

"(1) Each Health Care Corporation would synthesize management, personnel, and facilities into a corporate structure with the capacity and responsibility to deliver the five components of comprehensive health care to the community; health maintenance, primary care, specialty care, restorative care, and health-related custodial care.

(2) HCC would cover the comprehensive health needs of every geographic area and of all of the population, with some HCC's spanning geographic and political boundaries where necessary to assure that all persons have access to care. All persons would have the opportunity and be encouraged to join HCCs.

(3) The HCC would assure optimum service to the community by physicians. Every practicing physician would have the opportunity to be affiliated with a HCC, and physicians would have the opportunity and could accept the responsibility of participating in the management of HCCs.

Various forms of medical practice, including group practice, would be permitted within the HCC.

(4) The HCC would be responsible for providing professional peer review and other mechanisms to evaluate the quality of all health care on a continuing basis. Such evaluation of quality would be an integral part of AMERIPLAN and a basic responsibility of the HCC.

(5) The HCC would identify its manpower needs, and be responsible for the inservice education and training of its health manpower and the recruitment of all health personnel for its providers.

(6) The proper growth of HCCs would only occur through the most appropriate, economical use of all resources. Enforceable regulatory controls would be established by legislation in each state to assure that needs would be met without unnecessary construction or duplication of facilities and services.

(7) Each HCC would develop a suitable mechanism by which the community could express its health needs and through which the Corporation could actively respond. All persons in the community would have a role in identifying how health services would be provided, in determining how care could be made more accessible, and how the delivery of care could best support the dignity of the individual and his family."

AMERIPLAN anticipates adequate and coordinated financing through a combination of federal financing, prepayment plans, and private health insurance that would be used to establish a uniform scope of benefits for all HCC members. General

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federal revenue funds would provide the financing of care for the poor and make contributions toward financing coverage for the near-poor. A Social Security tax on all employed or self-employed persons would finance a Standard Benefits Package for the aged and a Health Maintenance and Catastrophic Illness Benefits Package for all except the poor and near-poor, whose benefits would be financed in whole or in part through general federal revenues. Direct payments would be made by all others for the purchase of a Standard Benefits Package that would provide primary, specialty, restorative, and health-related custodial care. The Health Maintenance and Catastrophic Illness Benefits Package would cover persons who had either purchased or been provided with the Standard package and who were registered with an HCC. Various packages of supplemental benefits would be available through prepayment plans and private insurance for those who wished to purchase them.

QUO VADIT

AMERIPLAN promises something for everybody and it involves everybody. The AHA's Board of Trustees hails it "as a milestone in health care history." The "carrot on the stick" is out! But if caught, can the basic morsel, namely the HCC, be swallowed? The latter is considered to be the "key element in the restructuring of the health care delivery system. . ." Some of the comments made at the meeting of AMA's House of Delegates in Boston were that this is a "plan for the corporate practice of medicine" and that "if approved by the AHA, may have serious repercussions for the medical profession." To say that the implications of the plan to the medical profession are serious is to put it mildly. It is the opening of Pandora's box to infinity since the plan is all encompassing. Moreover, in spite of tempting promises, it carries on in the currently fashionable trend of relegating the physician ever more into the role of just another technician, but this time in a monstrous wedding of governmental and voluntary bureaucracy.

The AHA's Board of Trustees envisions the Committee's report as "a basic blueprint to reach stated goals" – the improvement of our health care system – and that "all those concerned with improvement of our health care system will, to the extent possible, contribute to the final configuration that will prove of greater service to the American people." The AHA's Board of Trustees is proudly touting its newly spawned scheme as though it had sprung from the Godhead because of its universality. The whole is no longer the sum of its parts but rather something entirely unto itself. As such, the basic dogma is infallible, and all should dedicate themselves to cooperation therewith and adjustment thereto.

Before becoming a believer, or a protestant, read carefully and ponder deeply the Perloff Committee's report – AMERIPLAN.

Its implications for your professional life may be world-shaking.

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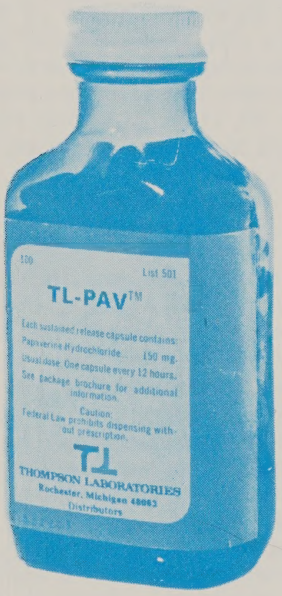

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President's Page

THE STATE OF HEALTH IN THE HAMPDEN DISTRICT

On the premise that imitation is the sincerest form of flattery, I have an urge to mimic the "Annual State of the Union Message" traditional for presidents and simulated every January by governors and mayors. Any capability I may possess is, I think, more in the category of medicine and health rather than political science so the main thrust of this summary will be in the former rather than the latter direction.

Distribution of medical care in the Hampden District has been more responsive to changing needs of patients than some of us very near the scene may realize. One trend of major proportions is the growth in volume of medical care rendered through hospital emergency rooms as a supplement to earlier and continuing care rendered in physicians' offices and by physician visits to patients' homes and to nursing homes. A high of 51,000 such visits has been recorded in one area hospital emergency service for the year ending September 30, 1970. The total patients in this category for all hospitals in the District would accordingly constitute an estimated 200,000 or more visits per year.

Another major impact on medical care has been the grouping together of physicians for more efficient use of their time, space, and allied personnel and for more efficient coverage to insure attention to patients on holidays and weekends. This mechanism also has created attractive existing professional situations for emerging physicians who are attracted to this area when they seek a location to practice.

A non-computerized sampling of the status of medical care in the area was recorded in June and July of 1970 when about 700 inner city adolescents were checked by physical examination and laboratory studies for Senator Brookes' summer program at Westover Air Base. The general excellent state of health and nutrition in this large population sample and the lack of a single serious disorder are reassuring. Recently a survey of hospital record rooms for lead poisoning diagnosed showed an extremely low incidence. In eight years one busy hospital emergency room accumulated an estimated three patients with a rat bite injury.

A distressing uncontrolled problem of expanding dimensions is the category of diseases of indulgence and over-indulgence. It is sad to note the recent rapid rise in teen age and young adult deaths from drugs or drug-related problems (suicide, hepatitis, etc.). Tobacco-use diseases continue to account for approximately 300,000 of the total 1,800,000 U.S.A. deaths annually. Alcohol (cirrhosis and alcohol induced fatal automobile accidents) account for about 50,000 deaths annually. Many other examples could be cited including over-indulgence in food (one of five U.S.A. adults is over-weight). These major medical problems can scarcely be blamed on physicians. By educational efforts and example physicians have made and are making impacts ("100,000 physicians have stopped smoking.")

When we, as practicing physicians, discover unmet needs in medical care in the Hampden District these should be identified for the record and called to the attention of the Society office. Meanwhile, let us strive to maintain and improve health care be it by work in pre-natal clinics, visits to patients in nursing homes, or efforts at education and guidance of our patients to greater health in 1971.

John W. Turner, M.D.

NEXT MEETING
of the
HAMPDEN DISTRICT MEDICAL SOCIETY

TIME: Tuesday, February 2, 1971
Business Meeting at 6:00 P.M. followed by
Social Hour at 7:00 P.M. and
*Dinner (Courtesy of the Society) at 7:30 P.M.

PLACE: The Schine Inn
Chicopee, Mass.

SPEAKER: "Foundations for Influencing the Organization and Delivery of Health Care"
Louis A. Orsini
Director, Health Insurance Association of America

YOUR PRESENCE IS URGENTLY REQUESTED.

Setrag A. Zacarian, M.D.

Setrag A. Zacarian, M.D., Secretary

* If you must cancel your dinner reservation, please call the office before noon on February 2, 1971.

24th AMA Clinical Convention in Boston, Massachusetts November 29-December 2, 1970

(Editor's Note – The following are highlights of actions of the AMA's House of Delegates meeting as issued from the office of the AMA's Executive Vice President.)

The AMA's House of Delegates at its 24th Clinical Convention took many positive steps while it was in session for 10 hours and 50 minutes when it considered 32 reports and 71 resolutions including 4 memorial and commendation resolutions.

INVOCATION

The invocation at the opening of the House of Delegates was delivered by Hampden's own Dr. Garry deN. Hough, III, Chairman of the MMS's Committee of Medicine and Religion, and went as follows:

"Dear Lord and Father of us all, we ask for thy presence in the deliberations which lie ahead in this congress.

Grant us the wisdom to epitomize the long heritage of the physician's devotion to his patient. Grant us the courage to express the current vexations of our colleagues who designate us as spokesmen. Grant us the foresight to anticipate the aspirations of all those who will seek care from American medicine.

We ask not for heroics, but for humility; not for peace, but for perseverance; not for congratulations, but for concern.

Help us to cooperate with those who share our interest in our fellow man but to oppose those who would raise barriers to effective medical care, that we may expand our outreach. Help us to be responsive to constructive criticism, but determined in the face of aimless antagonism, that we may find service, not servility.

And most of all, grant us the true physician's blessing, that we may always keep the needs of our patients superior to our own.

Amen."

PRESIDENTIAL ADDRESS

The AMA must "take a leadership role" in development of neighborhood medical clinics, which are fast becoming "the focal point for delivery of most medical services," Dr. Walter C. Bornemeier, AMA president, told the House of Delegates at the latter's opening session.

"As the government takes on an increasing role in health care, as costs continue to rise, as local and state governments are confronted with increasing demands on limited public funds, as groups such as organized labor continue to push for nationalized health services, we can expect federal legislation to zero in on neighborhood medical clinics." AMA leadership is thus vital, "so that we may insure that medical clinics

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remain a part of private practice."

Dr. Bornemeier's proposals included: – Creation of a program to assist physicians in setting up adequate health facilities, for group or solo practice. A number of services would be covered, including architectural drawings, site requirements, management and operational plans, staffing requirements, equipment schedules and suggestions for obtaining financing from local banks.

"In essence," Dr. Bornemeier said, "I seek a means whereby young physicians can be well advised and local medical societies will be involved in organizing and maintaining control of medical clinics. I believe that if we just leave it up to each medical community to act in its own way, medicine will default to hospitals, to government and to social service agencies who even now vie for control of the mechanisms which deliver medical care. The young doctor going into practice must be able to see that AMA is here to help."

As the concept of charity medicine fades while insurance plans grow, inducements to doctors to establish private practice groups in the ghettos should be considered, such as low cost federal loans or Hill-Burton type grants. "The poor must have access to medical care on the same basis as the most affluent citizens."

The AMA should conduct a periodic survey of manpower needs in each specialty across the country. Results of the survey would go to each senior medical student showing how many general surgeons, internists, etc., are now available and how many are needed. This would help the student in choosing a specialty in demand, and help balance those specialties in short supply.

Dr. Bornemeier repeated suggestions he made upon inauguration last June as the AMA's 125th president, that medical education be shortened to six years, that the method of training specialists be reviewed to emphasize ambulatory patient care rather than in-hospital care, and the new MD's train at the side of experienced physicians in preceptorship programs.

He added, "This House should be concerned with plans to bring a substantial portion of the graduate training programs back under the control

of the practicing physician, instead of the present tendency to shift supervision to employees of the hospital administration."

Dr. Bornemeier complimented the House for having "acted responsibly" in the past, on updating policies. He cited the entry into the field of student loans, approval of a study of neighborhood health centers, and requesting of federal grants for the study, along with approval of sponsorship of professional liability programs jointly with state associations.

The President's new proposals were received with enthusiasm by many Delegates and studied by Reference Committees. Later, suggestions concerning medical education were referred to the Council on Medical Education to "aid it in its deliberations" on the problems discussed, while other proposals were referred to the Board of Trustees "for careful consideration by the appropriate AMA councils, committees and staff."

ABORTION

Although it appeared that a renewed and lengthy debate on abortion would ensue, Delegates deemed otherwise. They rejected attempts to change the policy statement adopted at the 1970 annual convention and, after brief discussion, reaffirmed that policy.

MEMBERSHIP

The House created a new class of membership for interns and residents. The action recommended by the Board of Trustees, will allow such members to elect a delegate and alternate to the House. Dues will be $20 annually and the new members must convert to active or service membership upon completion of their training programs. The House also approved revision of the Bylaws to provide for a direct membership category, with payment of AMA membership dues by physicians in the Veterans Administration, non-uniformed physicians of the Public Health Service and other fulltime civilian physicians employed by federal agencies, who are ineligible for membership in a component medical society. Uniformed Public Health Service physicians remain service members.

PEER REVIEW

The House reaffirmed its approval of Peer Review Organization, as contained in the AMA Medicredit program, and urged that "all components of organized medicine give energetic support to furthering the effective implementation of peer review." Action came almost simultaneously with Senate Finance Committee modification of several provisions in the Social Security Bill regarding professional standards review organizations (PSRO). The AMA had objected to the provisions, among which were: pre-admission approval requirements; national norms of care; federal ownership of PSRO files; a $5,000 fine for violations, and review of all services provided.

The Senate committee announced that it had: deleted the requirement of federal

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ownership of files; deleted the $5,000 fine but retained provisions for refunds of fees; eliminated national norms but retained provisions for regional norms, and eliminated the necessity of pre-admission approval for all elective procedures, but allowing the PSRO to specify those situations where pre-admission would be required.

The Committee report also was to specify that the PSRO could not be a medical society, but could be organized and set up by a medical society, such as a foundation. The bill now provides that no PSRO shall utilize a non-physician to make final determinations regarding professional conduct of any physician, or any act performed by a physician in the exercise of his profession. The House directed the Board of Trustees to continue to seek appropriate changes in the bill.

PROFESSIONAL IDEALS

"The age old professional ideal of medical service to all, whether able to pay or not," affirmed by the House in 1934, was emphatically reaffirmed by the Delegates in Boston. They acted on a recommendation by the Judicial Council, which said it had received "many letters complaining of an apparent preoccupation by an increasing number of physicians with the financial aspects of their medical practice."

Ideally, the physician should be paid promptly, the Council said. But it added that if he is not paid as promptly as other creditors, "he should recall that he is a professional man with all the perquisites that term implies." It criticized such "real examples" as adding 1½ per cent interest per month to the bill of a patient on a small pension, and refusal to see a patient because the patient's balance was too high. "The Council believes these examples are the exception ... Nonetheless, (they) reflect adversely on the whole profession and especially on the countless physicians who extend credit willingly or write off old accounts because they are dedicated to serving mankind." The House not only adopted the report, it urged wide dissemination of it to component and constituent medical societies.

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HEALTH OCCUPATIONS

The terms "ancillary" and "paramedical" will no longer be used in AMA statements, but will be replaced by the term "allied", the House decreed. It also approved a Board of Trustees report dealing with licensure of health occupations. Recommendations in that report include: State legislatures be urged to amend state medical practice acts to remove any barriers to increased delegation of tasks to allied personnel by physicians; that alternative routes to licensure, such as job performance tests, be studied; that programs for periodically updating knowledge and skills of currently licensed or certified occupations be encouraged; and that the House of Delegates call for a nationwide moratorium on licensure of any additional health occupations. Delegates are asking the American Hospital Association and American Public Health Association to join in supporting the moratorium. Consideration of a national "task force" to study the problem of licensure in detail was approved. Such a force would represent health professions, educators and governmental agencies.

ELECTIONS

The House defeated measures seeking to change the manner of electing members of the Board of Trustees. The measures would have had trustees elected at large and on a regional basis.

MISCELLANEOUS

The House urged expansion of third-party coverage for out-of-hospital care. It directs the AMA to seek immediate adjustment of all such programs to provide equal coverage for physicians services, where rendered, and

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removal of restrictions which would require hospital care, where ambulatory services would be effective, in order for benefits to be paid. In another action, the Delegates urged that the insurance industry write their contracts to cover the newborn from the moment of birth, instead of after a waiting period as now observed. The latter was inserted in a resolution dealing with the upcoming White House Conference on Children.

The House approved a Board of Trustees report calling on constituent associations to seek appropriate remedial state legislation in the field of professional liability, and encouraged the Committee on Professional Liability to continue to explore all aspects of the professional liability problems.

Delegates approved expansion of the Advisory Committee on Health Care of the American People to encompass multi-ethnic representation. The move grew out of a recommendation made after last June's annual convention, where a special reference committee held a public forum to hear the views of various groups on medical and health care.

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HIGHLIGHTS OF THE DECEMBER EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday evening, December 15, 1970, in the Conference Room of the Hampden District Medical Society. The meeting was called to order at 8:10 P.M. by Dr. Turner, President.

Present were Drs. Turner, Zacarian, Cummings, Kelly, Mozden, Sullivan, Bandeian, Moore, Gilchriest, Goldberg, McHugh, and Mrs. Purdy.

The minutes of the November meeting, as read by Dr. Zacarian, were approved.

CORRESPONDENCE

Senator Kennedy declined the invitation extended to him to be guest speaker at the District Meeting in February.

The Connecticut Valley Health Planning Council, Inc., wrote thanking the HDMS for its donation and assuring that their monthly newsletter, *Contact,* would be sent to the Society's offices.

Sister Mary Caritas, S.P., Vice President of the Connecticut Valley Health Planning Council, Inc., has asked for a representative from HDMS to serve on a task force committee charged with developing a set of hospital long range planning guidelines. Dr. Bandeian was asked by Dr. Turner to serve in this capacity, and he has accepted.

An invitation was issued from the Valley District Dental Society to the HDMS to attend a meeting in conjunction with them in March at the Crestview Country Club. Particulars will be announced in the next *Newsletter* from the Society's offices sometime in January.

Dr. Chabot asked the HDMS to support the Massachusetts Cancer Society for doing Pap smears on clients in the Concentrated Employment Program. The Committee voted to support this program.

REPORT

Dr. Bandeian, Chairman of the Interhospital and Community Health Planning Committee, gave a brief report of the meeting held recently with Mr. Grant Heggie of CVHPC, Inc.

The meeting was adjourned at 9:30 P.M.

The Grievance Committee met and heard four grievances.

The meeting was adjourned at 10:30 P.M.

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HDMS SCHOLARSHIP AWARDS

The Hampden District Medical Society, through its Scholarship Committee, recently announced scholarship grants to five young men and women from this area who are beginning or continuing their education in the professions of medicine and nursing.

This scholarship fund was established with the money contributed by the people of the Hampden District area at the time of the polio immunization program carried out by the Society working with the Massachusetts Department of Public Health. Scholarship grant selections have been made each year on the basis, primarily, of financial need, and the awards have gone to students who are accepted or enrolled in schools of pharmacy, nursing, or medicine in any part of the United States. This year, the scholarships were granted to the following:

Robert J. Cavanaugh, 15 Florida Street, Springfield, Mass. Graduate of American International College, Springfield, Mass. Now attending Creighton University School of Medicine, Omaha, Nebraska. (Junior)

Diana Louise Lessard, 545 Main Street, Springfield, Mass. Graduate of Classical High School, Springfield, Mass. Graduate of State College at Lowell School of Nursing and now attending Rutgers University, New Brunswick, New Jersey.

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Joseph R. McClellan, 41 Marquette Street, Springfield, Mass. Graduate of Providence College, Providence, R.I. Now attending Georgetown University School of Medicine, Washington, D.C. (Sophomore)

Dominic J. Nardi, 281 East Street, Springfield, Mass. Graduate of Dartmouth College, Hanover, N.H., and now attending Johns Hopkins Medical School in Baltimore, Maryland. (Freshman)

Donna Pomeroy, 31 Franklin Street, Holyoke, Mass. Graduate of Holyoke High School, Holyoke, Mass. Now attending Holyoke Hospital School of Nursing, Holyoke, Mass. (Sophomore)

The Scholarship Committee indicates that it has received many more applications warranting financial aid than it has been able to honor, and encourages the people of the Hampden District area to contribute to the basic capital fund which produces the annual interest from which these scholarships can be made. Scholarship applications can be obtained from the Executive Secretary of the Hampden District Medical Society, Mrs. Vivian M. Purdy, at the Society office, 1414 State Street, and must be completed and filed by September 1st.

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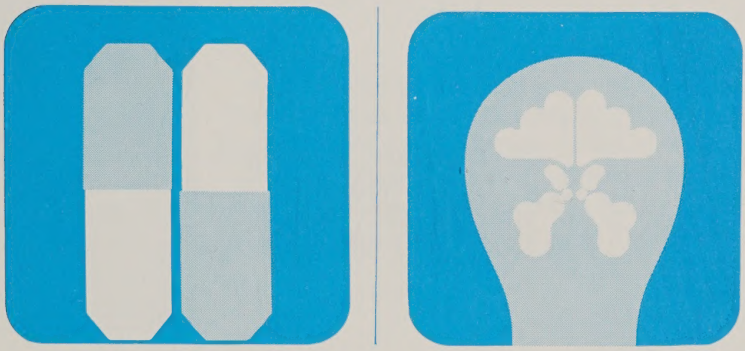

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John James Alifano, Jr., M.D. 924 Main St., Springfield, Mass. Born: February 6, 1940. Medical School: Hahnemann Medical College, 1966. Internship: Albert Einstein Medical Center, Philadelphia, Pa. Residency: Albert Einstein Medical Center, Philadelphia, Pa. Specialty: Internal Medicine.

Joseph Ralph Dotolo, M.D. 70 Court St., Westfield, Mass. Born: September 14, 1939. Medical School: University of Virginia, 1964. Intership: Bellevue Hospital. Residency: King County, New England Deaconess Hospital. Specialty: Internal Medicine.

Olly C. Duckett, M.D. Wesson Memorial Hospital. Born: June 11, 1937. Medical School: Howard University College of Medicine, 1963. Internship: Mercy Douglas Hospital. Residency: St. Francis Hospital. Specialty: Anesthesiology.

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Norman Stuart Halpern, M.D. 364 Maple St., Holyoke, Mass. Born: September 17, 1938. Medical School: New York Medical College, 1964. Internship: New Rochelle Hospital, New Rochelle, N. Y. Residency: Bronx, New York Medical College. Specialty: Internal Medicine.

David Michael Hirsch, Jr., M.D. 130 Maple St., Springfield, Mass. Born: December 2, 1933. Medical School: University of Chicago, 1959. Internship: University of Chicago Clinics. Residency: Cleveland Metropolitan General Hospital, Beth Israel Hospital, V. A. Hospital, Bronx, N. Y., V. A. Hospital, Hines, Ill. Specialty: Thoracic and Cardiovascular Surgery.

Peter John Krokidas, M.D. 474 Montgomery St., Chicopee, Mass. Born: October 8, 1938. Medical School: Medical College of Virginia, 1966. Internship: Medical College of Virginia Hospital, Richmond, Va. Residency: University of Maryland and Affiliated Hospitals, University of Pennsylvania Hospital. Specialty: Ophthalmology.

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Thomas George Magill, M.D. 91 School St., Springfield, Mass. Born: October 17, 1937. Medical School: Dartmouth-Harvard, 1962. Internship: Presbyterian, Columbia, New York. Residency: Columbia Presbyterian, N. Y. Specialty: Surgery.

Armando Claudino Martins-Vicente, M.D. 110 Whitney St., Ludlow, Mass. Born: May 27, 1933. Medical School: Universidade Do Porto, Portugal, 1960. Internship: Mercy Hospital, Toledo, Ohio. Residency: General Surgery, Mercy Hospital, Toledo, Ohio; Orthop. Surgery, Henry Ford Hospital, Detroit, Mich.; General Surgery, Maumee Valley Hospital, Toledo, Ohio. Specialty: Vascular and General Surgery.

Terrence Michael O'Neill, M.D. 70 Court St., Westfield, Mass. Born: December 5, 1938. Medical School: State University of New York, Upstate Medical College of Medicine, 1965. Internship: Akron City Hospital, Akron, Ohio. Residency: Akron City Hospital. Specialty: Obstetrics and Gynecology.

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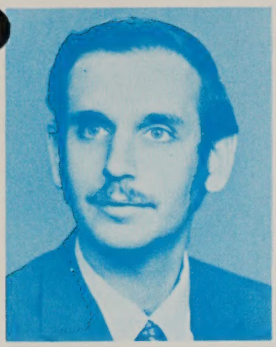

Jay Martin Pomerantz, M.D. 123 Dwight Road, Longmeadow, Mass. Born: April 8, 1939. Medical School: Yale, 1963. Internship: Hospital of the University of Pennsylvania. Residency: Massachusetts Mental Health Center. Specialty: Psychiatry.

Archimedes Ramirez, M.D. 924 Main St., Springfield, Mass. Born: November 26, 1938. Medical School: University of Virginia. Internship: Saginaw General Hospital, Saginaw, Mich. Residency: Dept. of Pediatrics, University of Michigan Medical Center, Ann Arbor, Mich. Specialty: General Practice.

Jan Francis Steele-Perkins, M.D. 90 Court St., Westfield, Mass. Born: July 20, 1939. Medical School: Guy's Hospital London, England, 1959. Internship: Exeter City Hospital, Portwey Hospital, Weymouth Devon. Residency: Banbury Hospital, Oxford, England; Royal Navy; Guy's Hospital; Vancouver General Hospital, Canada. Specialty: Pediatrics.

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TRANSFERS

Samuel J. Brendler, M.D. 207 Elm St., Holyoke, Mass. Born: March 24, 1922. Medical School: New York University, 1946. Internship: Bellevue Hospital, New York, N. Y.; New Haven Hospital, New Haven, Conn. Residency: Massachusetts General Hospital. Specialty: Neurological Surgery.

Howard Alan Trachtenberg, M.D. 130 Maple St., Springfield, Mass. Born: June 9, 1935. Medical School: N. Y. U. School of Medicine, 1960. Internship: Beth Israel Hospital, New York City. Residency: Massachusetts General Hospital. Specialty: Anesthesia.

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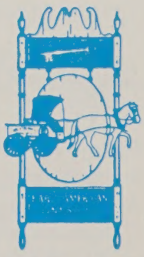

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In Memoriam

BRONISLAUS A. GALUSZKA, M.D.

1913 - 1970

Dr. Bronislaus A. Galuszka of 134 Newbury St., Chicopee, died suddenly at his home on December 17, 1970.

Born in Chicopee on October 18, 1913, Dr. Galuszka attended local schools and went on to receive a B.S. from Tufts College in 1935 and his doctorate in medicine from Tufts Medical School in 1939. After serving an internship at the Rhode Island Hospital, Providence, and a residency in obstetrics and gynecology at the Providence Lying-In Hospital, he went into the U.S. Army Medical Corps wherein he served with distinction for four years. At the end of World War II, he returned to his native Chicopee, where he engaged in the private practice of obstetrics and gynecology until his demise.

Dr. Galuszka served for many years on the medical staffs of the Springfield Hospital Medical Center, the Wesson Women's Hospital, the Mercy Hospital, and the Providence Hospital. He was a member of the AMA, the MMS, the HDMS, and the New England Obstetrical and Gynecological Society.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

In Memoriam

PETER S. ZARECKI, JR., M.D.

1910 - 1970

Dr. Peter S. Zarecki, Jr., of 23 Alderbrook Lane, West Springfield, died at the Springfield Hospital Medical Center on December 23, 1970.

Born in Lawrence, Mass., on May 29, 1910, Dr. Zarecki attended local schools, graduated from the College of the Holy Cross in 1933, and received his doctorate in medicine from Tufts Medical School in 1941. After interning at the Faulkner Hospital, Boston, and serving a residency in surgery at the Boston City Hospital, he entered the U.S. Army Medical Corps, wherein he served for over four years. After his discharge from the service in 1947, he served additional residencies in surgery at the Lynn Hospital and the Methodist Hospital, Brooklyn. In 1950, Dr. Zarecki came to Springfield, where he engaged in the private practice of general surgery until his demise.

Dr. Zarecki served on the medical staff of the Springfield Hospital Medical Center for many years. He was a fellow of the American College of Surgeons, and a member of the AMA, MMS, and the HDMS.

To his family, his friends, and associates deepest sympathy is hereby extended.

Correspondence . . .

HEALTH PLANNING

To the Editor:

It was indeed refreshing to see health planning so prominently discussed in the November, 1970 *Hippocrat.* I would second the pleas of Drs. Turner and Millman that physicians become more aware of and involved in the issues and trends implicit in the health planning movement. Certainly, the physician has been one of the very key elements in bringing our health system to the point at which we find it today.

We must not lose sight of the fact, however, that health planning, by definition and practice, is omnibus in character. Health planning must deal with, and attempt to interrelate vastly different, and often emotionally divergent, elements, interests and issues. Health planners, and others, must regard "health" as a universal concept, not one which is easily categorized into radiation therapy planning, or kidney-transplant unit planning or open-heart center planning. It might even be suggested that health as a universal and things medical are not necessarily synonymous.

The question of the level at which participation, by whatever group or groups, takes place in the health planning process becomes interesting in this light. If one accepts health as a universal then everyone, "provider" and "consumer" alike has a stake, and can make a case for involvement at virtually any level. Obviously, some judgments must be made concerning who or what participates, when and at what level. Otherwise there is anarchy.

It might be said that there are precious few, if any, professional health planners in the "professional" versus "layman" sense. Thus, it is probably a misconception to generalize, by implication or otherwise, competency in one professional area to competency in another field of endeavor. For example, there are lawyers who regard physicians as laymen in law, teachers who regard sanitarians as laymen in education, and administrators who regard engineers as laymen in administration.

Concerning the numbers of specific types of backgrounds and training represented on a comprehensive health agency's policy making body, the question can be asked as to how much representation is sufficient. Are two physicians enough? Three? Four? We must also consider that the numbers of health professionals cannot, by legislation, exceed 49% of the total group. Therefore, unless one seeks a policy making body whose large size can preclude its workability, it becomes obvious that other mechanisms for involvement must be created. Mechanisms such as task forces or committees, for

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HDMS Meeting, February 2
HDMS Executive Committee Meeting, February 16 and March 16
MMS Council Meeting, Boston, February 10
MMS Annual Meeting, Boston, June 1-3
American College of Cardiology, Washington, D.C., February 3-7
AMA Congress on Medical Education, Chicago, February 20-24
American Academy of Allergy, Chicago, February 20-24
American Academy of Orthopedic Surgeons, San Francisco, March 6-11
AMA Annual Meeting, Atlantic City, June 20-24

example, lend themselves to a composition which can be geared toward specific problems. In this way, the best talent to address a particular problem can be organized and focused, allowing the planning council a virtually unlimited scope of activities as well as the greater potential for productive exchanges during the decision-making process.

The CVHPC looks forward to and welcomes the support and assistance of the physicians of the region. Only through a truly meaningful alliance of appropriate health and nonhealth related individuals working toward common goals can the ultimate objective of health planning, that of high quality health care for all, be realized.

W. Grant Heggie, Jr.
Executive Director
Conn. Valley
Health Planning Council

Editor's Note: No one questions the validity of Mr. Heggie's assertion that health planning is, or should be, everybody's concern.

What is highly questionable, however, is whether the CVHC, as now constituted, can possibly serve the best interests of the health and welfare of the public.

Mr. Heggie questions: "Are two physicians enough? Three? Four?" The answer is to be found in the fact that of the 26 members of the existing Board of the CVHC only two are physicians. This amounts to 8% compared with the 49% limit of health professionals allowed by law. Eight percent, in my opinion, is pitifully small regardless of how the term "health professionals" is defined or interpreted. Even twice that percentage (4 MD's) would hardly suffice in a health planning organization serving most if not all of Western Massachusetts.

It need hardly be stressed in these pages that successful health planning is unattainable in the absence of significant and meaningful involvement of our profession.

Millman

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